

**2000 UNIFORM BUSINESS REPORT (UBR)**

3/

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90021 032 \*\*\*\*61.25

**DOCUMENT # N37208**

1. Entity Name

**TYMBER TRACE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 906  
 NEW SMYRNA BEACH FL 32170  
 US

P.O. BOX 906  
 NEW SMYRNA BEACH FL 32170-0906  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2999239**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GAMBERT, WILLIAM N ESQ**  
**101 E. YELKCA TERR., SUITE B**  
**EDGEWATER FL 32132**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DION, RICHARD	
STREET ADDRESS	1357 WAYNE AVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	STANIEICH, RUTH	
STREET ADDRESS	615 MIDDLEBURY LOOP	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MCSWEENEY, NANCY	
STREET ADDRESS	692 MIDDLEBURY LOOP	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PEARCE, MORLEY	
STREET ADDRESS	653 MIDDLEBURY LOOP	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	S	<input type="checkbox"/> Delete
NAME	FRUTCHEY, ROSEMARIE	
STREET ADDRESS	631 MIDDLEBURY LOOP	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	POTTER WILLIAM (PD)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1347 WAYNE AVE	
STREET ADDRESS	New Smyrna Beach FL 32168	
CITY-ST-ZIP		
TITLE	HICKSON JON (PD)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	613 MIDDLEBURY LOOP	
STREET ADDRESS	New Smyrna Beach FL 32168	
CITY-ST-ZIP		
TITLE	DUCK WALTER KENNETH (S)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	657 WALLESEY COURT	
STREET ADDRESS	New Smyrna Beach FL 32168	
CITY-ST-ZIP		
TITLE	KEMP EDWARD (VP)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1366 WAYNE AVE	
STREET ADDRESS	New Smyrna Beach FL 32168	
CITY-ST-ZIP		
TITLE	FRUTCHEY ROSEMARIE (PD)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	631 MIDDLEBURY LOOP	
STREET ADDRESS	New Smyrna Beach FL 32168	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*W. Hickson* **2.15.00**  
 Date

**904 4222640**  
 Daytime Phone #

*all are directors Sorry  
 Misunderstood*

CR2E037 (9/99)